



Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

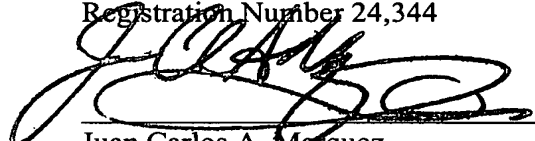
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) **Art Unit 2624**
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) **Examiner Andrae S. Allison**
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|---|---|
| <input type="checkbox"/> Response to Office Action
(with Claim Amendments) | <input type="checkbox"/> Petition for __-month Extension of Time |
| <input checked="" type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Substitute Specification | <input type="checkbox"/> Letter to Draftsperson |
| <input checked="" type="checkbox"/> Other Information Disclosure Statement | <input type="checkbox"/> __ sheet of replacement drawings |
| | <input checked="" type="checkbox"/> Request for Continued Examination |

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$ 810.00** to cover the Request for Continued Examination fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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